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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/30

# COVER LETTER


Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Families by Design Training Company, Inc.

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

 \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Dr Laurie Emery

Name (Printed or typed)

1900 NW Corporate Blvd suite 225

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**Address**

**Boca Raton, FL 33431**

City, State &amp; Zip

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

## **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I      NAME**

The name of the corporation shall be:

**Families by Design Training Company, Inc.**

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1900 NW Corporate Blvd suite # 225

Boca Raton, FL 33431

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Profit

### **ARTICLE IV      SHARES**

The number of shares of stock is:

100 (one hundred)

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Dr Laurie Emery

1900 NW Corporate Blvd suite # 225

Boca Raton 33431

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Dr Laurie Emery  
1900 NW Corporate Blvd suite # 225  
Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

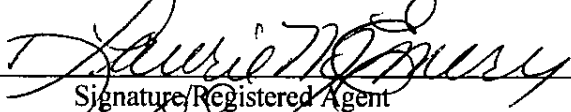
The **name and address** of the Incorporator is:

Dr Laurie Emery  
1900 NW Corporate Blvd suite # 225  
Boca Raton, FL 33431

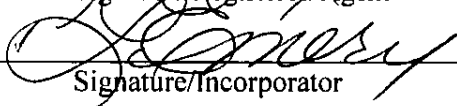
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TALLAHASSEE, FLORIDA

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

✓ 1/14/08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

✓ 1/14/08  
\_\_\_\_\_  
Date